

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

May 4, 2021

1:49 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Shelley Hughes, Vice Chair  
Senator Tom Begich  
Senator Mia Costello  
Senator Lora Reinbold

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

**SENATE BILL NO. 124**

"An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

- HEARD & HELD

**SENATE BILL NO. 38**

"An Act relating to the practice of naturopathy; establishing the Naturopathy Advisory Board; relating to the licensure of naturopaths; relating to disciplinary sanctions for naturopaths; relating to the Department of Commerce, Community, and Economic Development; and providing for an effective date."

- BILL HEARING CANCELED AND RESCHEDULED TO 5/6/21

**PREVIOUS COMMITTEE ACTION**

BILL: SB 124

SHORT TITLE: MENTAL HEALTH FACILITIES & MEDS

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

04/12/21	(S)	READ THE FIRST TIME - REFERRALS
04/12/21	(S)	HSS, FIN
04/27/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/27/21	(S)	Heard & Held
04/27/21	(S)	MINUTE (HSS)
04/29/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/29/21	(S)	-- MEETING CANCELED --
05/04/21	(S)	HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

MARK REGAN, Attorney  
 Disability Law Center of Alaska  
 Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

FRANCESCA ALLEGREZZA, representing self  
 Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124.

MAJOR DAVID HANSON, Deputy Director  
 Central Office  
 Division of Alaska State Troopers  
 Department of Public Safety  
 Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

KATHLEEN WEDEMEYER, Citizens Commission on Human Rights  
 Northwest Chapter  
 Seattle, Washington

**POSITION STATEMENT:** Testified about concerns with SB 124.

ANN RINGSTAD, Executive Director  
 National Alliance on Mental Illness Alaska  
 Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

SARAH KOOGLE, Director of Adult Services  
 Alaska Behavioral Health  
 Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

ROGER BRANSON, representing self  
 Eagle River, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

BEVERLY SCHOONOVER, Executive Director

Advisory Board on Alcoholism and Drug Abuse and  
Alaska Mental Health Board  
Division of Behavioral Health  
Department of Health and Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

CHRISTINE ROBBINS, representing self  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124.

ANDREA MCLEOD, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124.

LISA GENTEMANN, representing self  
Eagle River, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124.

KRISTIANA FITZWATER, representing self  
Palmer, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124.

HEATHER CARPENTER, Health Care Policy Advisor  
Office of the Commissioner  
Department of Health and Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions on SB 124.

ALBERT WALL, Deputy Commissioner  
Office of the Commissioner  
Department of Health and Social Services  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions on SB 124.

STEVEN BOOKMAN, Senior Assistant Attorney General  
Human Services Section  
Civil Division  
Department of Law  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions on SB 124.

NANCY MEADE, General Counsel  
Administrative Staff  
Office of the Administrative Director  
Alaska Court System  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions on SB 124.

**ACTION NARRATIVE**

[1:49:28 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:49 p.m. Present at the call to order were Senators Hughes, Costello, Reinbold, and Chair Wilson. Senator Begich arrived during the course of the meeting.

**SB 124-MENTAL HEALTH FACILITIES & MEDS**

[1:49:58 PM](#)

**CHAIR WILSON** announced the consideration of SENATE BILL NO. 124 "An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

**CHAIR WILSON** stated his intent to take public testimony for SB 124, sponsored by the Senate Rules Committee by the request of the governor. He noted that the committee had heard an overview of the bill on April 27.

[1:51:01 PM](#)

**CHAIR WILSON** opened public testimony on SB 124.

[1:51:12 PM](#)

**MARK REGAN**, Attorney, Disability Law Center of Alaska, Anchorage, Alaska, stated that SB 124 makes it easier for people in crisis to get short-term mental health treatment. The Disability Law Center of Alaska endorses SB 124 with minor language adjustments regarding the appointment of attorneys, evaluations performed by residential centers, readmission, and staffing capacity. SB 124 replaces an outdated system. He urged the legislature to moderately revise and pass SB 124.

**SENATOR REINBOLD** asked if SB 124 is based on a Disability Law Center lawsuit against Alaska.

**MR. REGAN** replied that SB 124 is an idea independent of the Disability Law Center of Alaska's lawsuit. It will help solve the problems raised by the settled case and is an improvement

that would be before members regardless of the suit. It makes it possible for people to get through the process cleaner, simpler, and faster.

1:55:01 PM

FRANCESCA ALLEGREZZA, representing self, Anchorage, Alaska, stated she does not support unconstitutional SB 124. She questioned how a person is determined to be mentally ill and feared that having an opposing view could lead to a determination of being mentally ill. She considers SB 124 government overreach and a precursor to red flag laws and reeducation camps.

MAJOR DAVID HANSON, Deputy Director, Central Office, Division of Alaska State Troopers, Department of Public Safety, Anchorage, Alaska, stated the Department of Public Safety (DPS) supports subacute mental health facilities for people experiencing mental health crises. DPS views law enforcement's response to mental health calls as a serious priority. Troopers often respond to incidents where people are experiencing suicidal ideations, manic episodes, delusions, depression, or states of distortion due to the ingestion of drugs or alcohol. Trooper investigations sometimes reveal no crime, but the subject needs immediate assistance; such an occurrence is when a crisis stabilization center can offer an alternative to inappropriate placement in jails, full-scale medical services, or being left to suffer.

1:59:21 PM

SENATOR REINBOLD asked that a scene be described in which a state trooper, without mental health training, needs to detain a person experiencing a mental health crisis. She opined that mental health certification for peace officers should be included in SB 124.

1:59:58 PM

MAJOR HANSON replied that troopers receive mental health crisis training at the academy, which covers a variety of illnesses. They cannot diagnose an individual on scene, and they respond to identify problems and investigate crimes. He stated peace officers would be able to take individuals to a subacute care facility for aide.

SENATOR REINBOLD reiterated that she wanted a clear description of a person experiencing a mental health crisis. She asked if a person would be reported as mentally ill if they did not want to be vaccinated or expressed a political opinion. She wondered if

clear and convincing evidence would be approved over probable cause, as probable cause is an opinion.

MAJOR HANSON replied that law enforcement would not act on a person solely expressing an opinion.

Through training and collaboration with stakeholders, the centers described in SB 124 would be the best place to take a mentally ill person who is perceived to be a harm to themselves or others.

2:03:16 PM

SENATOR REINBOLD replied that she wanted a description of the situation. She also asked if reporting individuals would be based on clear and convincing evidence and not probable cause.

MAJOR HANSON stated his belief that all troopers have encountered individuals experiencing mental health episodes, such as a delusional person screaming in their driveway and frightening others. Troopers do not diagnose people. Their job is to stabilize a situation, get needed help, and keep people safe. They are to assist and resolve problems. He stated troopers are never in a position where they can, at the moment, say something is one hundred percent true. Troopers respond to rapidly evolving situations and must use the tools, facilities, and services available at the time. To suggest that troopers use a clear and convincing standard goes beyond being reasonable in many situations.

2:06:31 PM

KATHLEEN WEDEMEYER, Citizens Commission on Human Rights Northwest Chapter, Seattle, Washington, stated the Citizens Commission on Human Rights is a mental health watchdog group. SB 124 rethinks the psychiatric system for Alaska. The commission is against any increased detention for evaluation and any forced treatment provisions of SB 124 that would affect the constitutional rights of Alaska citizens. No one should be held for more than 72 hours without judicial review. Additionally, a psychiatrist must be the gatekeeper of detention beyond 24 hours. One of the many issues with SB 124 is that individuals may be subject to unjustifiable confinement and subsequent consequences of being labeled mentally ill.

MS. WEDEMEYER said a key element of SB 124 should be the enactment of health outcome measurements. When establishing systems that promote treatment, governments and courts should consider the lack of accountability that has been built into

treatment systems that utilize involuntary commitment and community treatment laws. They should also consider the importance of information when seeking to create health in the people forced into treatment. The public is told about treatment failures but not about recommended treatment that fails to produce the outcome psychiatry and advocates promoted.

In public mental health, tracking system outcomes are favored over mental health outcomes. Service utilization, engagement in services, demographics, and ethnic information are system outcomes. There is almost a complete lack of tracking for actual health outcomes.

[2:08:45 PM](#)

MS. WEDEMEYER opined that the envisioned system must be accountable to the citizens via the government that funds it. Tracking patient health outcomes should be an essential part of SB 124 and not be ignored because of imaginative closure violations. On the web pages of advocates for SB 124, such as Crisis Now, NAMI, and hospitals, there is minimal information about the toxic nature of psychiatric drugs and the long list of dangerous side effects.

There must be a system to address individuals experiencing emotional crises and represent harm to themselves or others. The legislature must work out this system to safeguard the public. She opined that SB 124 has the following issues:

- Lack of accountability and oversight
- Lack of health outcomes
- Wide-open-door to system expansion
- Lack of emphasis on overall health
- Opens the door to increased involuntary commitment of adults and youth
- Raises concerns regarding parental oversight of minors

MS. WEDEMEYER said focusing on a system that creates health and identifies physical ailments and disorders that mimic psychiatric disorders will benefit Alaska citizens.

She said she is willing to impart information to anyone who has questions about psychiatric illness.

[2:10:58 PM](#)

SENATOR HUGHES asked Ms. Wedemeyer to provide language suggestions to SB 124 that might bring about the principles she listed in her testimony.

MS. WEDEMEYER replied that she would provide modified language. She stated she has gone through SB 124 and is very concerned with the jump from 72 to 120 hours of confinement.

SENATOR REINBOLD said she would like to work with Ms. Wedemeyer on her concerns about SB 124.

2:14:31 PM

ANN RINGSTAD, Executive Director, National Alliance on Mental Illness Alaska, Anchorage, Alaska, stated that NAMI provides education, advocacy, and public awareness so that individuals affected by mental illness can build better lives. She said that NAMI Alaska supports SB 124 because it addresses the need for appropriate lower-level care response for behavioral health.

SB 124 is essential to Alaska's implementation of proven crisis response improvements, including the nationally recognized Crisis Now model. Instead of an emergency room, first responders could take individuals in crisis to a low, no barrier, or No Wrong Door crisis stabilization center. This new approach follows the national guidelines for behavioral health crisis care using best practices endorsed by the Substance Abuse and Mental Health Services Administration of the US Department of Health and Social Services. Their guidelines are science-based and real-world tested best practices in the behavioral health field.

NAMI Alaska applauds the Alaska Mental Health Trust Authority for analysis and consideration of a framework suited for Alaska through the Crisis Now model and looks forward to continued discussions about the Crisis Now initiative.

2:16:59 PM

SENATOR REINBOLD asked if NAMI was involved in drafting SB 124 and whether it would benefit financially from the legislation if passed.

CHAIR WILSON replied that no one is given funds from the Department of Health and Social Services (DHSS) to draft legislation.

MS. RINGSTAD replied that statement was correct.

SENATOR REINBOLD said her question was did NAMI Alaska stand to financially benefit if the legislation passes.



CHAIR WILSON responded that the entire state would benefit, and the answer would be opinion-based. He asked if NAMI helped DHSS write any part of SB 124.

[Online contact with Ms. Ringstad was lost.]

2:18:16 PM

SARAH KOOGLE, Director of Adult Services, Alaska Behavioral Health, Fairbanks, Alaska, testified that SB 124 would help individuals receive correct levels of care. With the proper resources in place, high hospitalization rates can be avoided. First responders are working outside of their scope of practice trying to help Alaska's behavioral health crisis. Using the Crisis Now model, adequately trained individuals will step in to assist and avoid a trip to the emergency room. Alaska Behavioral Health supports SB 124.

2:19:27 PM

ROGER BRANSON, representing self, Eagle River, Alaska, stated he advocates for mental health consumers. In 1987 he was granted a temporary restraining order to prevent the state from involuntarily medicating him with Thorazine. Hundreds of people living on the streets of Anchorage stand to benefit from the Crisis Now model following the pandemic. SB 124 will enable that model to be operational in time to serve those people. There has been a massive grassroots movement to make this care happen. Passing SB 124 will enable people to help each other. Mental health problems are hard to define but easily recognizable. From his personal experience, 72-hours to a scheduled hearing always took 120 hours because of weekends and holidays. He finds the increase to 120 hours concerning. However, he urged SB 124 to be moved forward so that people currently on the streets can benefit from Crisis Now.

2:22:30 PM

BEVERLY SCHOONOVER, Executive Director, Advisory Board on Alcoholism and Drug Abuse and Alaska Mental Health Board, Division of Behavioral Health, Department of Health and Social Services, Juneau, Alaska said Alaska's citizen-led statewide advisory boards are tasked with evaluating federal and state laws concerning mental health, alcoholism, substance misuse, prevention, and treatment services.

The legislature has supported many policy efforts to build a continuum of care for Alaska's most vulnerable populations. SB 124 is a crucial policy needed for ongoing behavioral health reform efforts.

SB 124 would expand existing Title 47 authorities to allow peace officers and mental healthcare professionals to temporarily hold Alaskans at subacute mental health facilities if they are experiencing a mental health crisis. This expansion is an emergency medical intervention for Alaskans whose mental illness causes them to be a danger to themselves. It is for Alaskans experiencing severe mental, emotional, and physical distress.

MS. SCHOONOVER said there are few places for Alaskans to receive the support they need, and they often end up in emergency rooms or local jails. Crisis emergency medical centers will be staffed by medical professionals and trained peers with lived experience. She urged the members to pass SB 124 and asked for support with ongoing behavioral health reform efforts.

2:24:26 PM

CHRISTINE ROBBINS, representing self, Fairbanks, Alaska, urged members to vote against SB 124 because no one should have the right to impose medical intervention without consent. She offered her belief that it is unconstitutional, and she said no insurance would indemnify the administrator against harm caused to the recipient. Another danger of SB 124 would be the administration of drugs based solely on training and not actual medical qualifications and certifications. She offered her belief that legislators should make public inebriation a punishable offense to deter it from happening.

2:26:16 PM

MS. ROBBINS testified that as a person who works in jail ministry, putting mentally ill individuals in jail with inmates creates a dangerous environment because they are not kept separate.

2:26:58 PM

ANDREA MCLEOD, representing self, Anchorage, Alaska, stated that the Mental Health Trust has a lot of programs and grants. NAMI could be a beneficiary of one of its grants. The mental health system in Alaska is industry-driven, and the Alaska Mental Health Trust Authority (AMHTA) is in it for money.

She maintained that:

- SB 124 does not provide proper mental health treatment.
- The mental health system in Alaska is broken and sporadic.
- Programs that were once available are gone.
- Emergency acute psychiatric care standards continue to be lowered.

- Certification standards are being lowered. A person no longer needs to be a psychiatrist to administer psychotropic drugs.

There is a diminishment of real psychiatric help. The mission of AMHTA is to get people better with its millions of dollars. SB 124 does not get Alaska where it needs to be. Involuntary injections are not how people get better. It is horrific to be involuntarily injected, and it does not produce any positive outcome. SB 124 is a catch and release bill to alleviate the demands for services at hospitals.

MS. MCLEOD said hospitals have a strong lobby and get what they want. Hospitals continue to have fewer psychiatric patients as they are being left on the street with no care. Crisis Now is a catch and release program. The mentally ill will be caught, kept involuntarily for a short period, injected, and then be released back to the street with no genuine care or treatment in the long term. Fully funding the Alaska Psychiatric Institute (API) would answer a lot of mental health problems.

[2:31:40 PM](#)

LISA GENTEMANN, representing self, Eagle River, Alaska, stated she is firmly against SB 124. She has been a healthcare provider, dental hygienist, and mom. She has learned that the most critical component for good relationships and success is patient consent. Forcing students to do work or patients to floss doesn't work. She took someone she loved to a mental health facility and had a terrible experience involving force, which hurt her relationship with this person. The person's condition worsened. Success came when this person began exercising and found spiritual guidance. Desire from the individual is critical to success.

[2:33:50 PM](#)

CHAIR WILSON acknowledged Senator Begich's arrival.

[2:33:59 PM](#)

KRISTIANA FITZWATER, representing self, Palmer, Alaska, stated she has concerns after reading SB 124 and wonders if there are regulations on what constitutes a mentally ill person. She takes issue with the state having the ability to drug a person three times without consent; she believes it is a power easily abused and violates individual rights.

[2:35:49 PM](#)

CHAIR WILSON closed public testimony on SB 124. He called on Ms. Carpenter.

2:37:16 PM

HEATHER CARPENTER, Health Care Policy Advisor, Office of the Commissioner, Department of Health and Social Services, Juneau, Alaska, reminded members that SB 124 is about the civil involuntary commitment process. The bulk of Alaskans needing mental or behavioral health treatment are served through voluntary treatment. Alaskans need a robust and improved crisis psychiatric response system for individuals experiencing a crisis and are unable to seek the care they need voluntarily.

The only options for evaluation and treatment are designated hospitals or API. These facilities are currently only in the communities of Anchorage, Fairbanks, Mat-Su, and Juneau.

She said there is a constitutional process for involuntary civil commitment. A person with mental illness who is a threat to themselves or others or considered gravely disabled is held for evaluation upon application to the court. Mentally ill, a threat to self or others, and gravely disabled are defined in statute. Individuals meeting these definitions are offered voluntary treatment. When a hospital files a petition, it is signed by a mental health professional, and a full evidentiary hearing is conducted where legal counsel represents the patient.

2:39:01 PM

MS. CARPENTER said SB 124 is a monumental shift because care will be provided in less restrictive environments. Mental health care at the lower levels of the new system can be compared to receiving physical help at an urgent care facility.

The 1115 Behavioral Health Medicaid Waiver is also being leveraged. The 1115 waiver allows for referral-based care determined by need, which means there is immediate support to stabilize individuals through crisis stabilization centers. Crisis stabilization centers are a less restrictive alternative to traditional involuntary commitment holds. The 1115 waiver will provide referral pathways for individuals who need additional behavioral health services, either through admission to a residential crisis center or community care. The 1115 waiver has already enabled DHSS to set up an administrative services organization that tracks individuals' outcomes and referrals to ongoing community care.

The 1115 waiver drives down healthcare costs by enabling payment for service providers of critical behavioral health support, including crisis stabilization and residential crisis centers. Payment is possible because suitable individuals are diverted from costly hospital and emergency room care to a Medicaid reimbursable crisis response system, which has already been approved for Medicaid and Medicare services. These services are delivered by qualified board and state-licensed mental health professionals.

MS. CARPENTER said these professionals connect individuals in a behavioral health crisis to the appropriate level of care, preventing the crisis from escalating. A goal of DHSS is to have more treatment options, including crisis stabilization and residential centers in the nine-state regions served by the waiver.

2:41:10 PM

MS. CARPENTER said these centers would allow individuals to receive psychiatric care closer to home. Rural areas often have long wait times for transport to a designated involuntary commitment facility.

In 2016, the passage of Senate Bill 74 74 included language that directed DHSS to specifically apply for the 1115 Behavioral Health Waiver that would improve behavioral health outcomes while containing health care costs. This waiver has allowed DHSS to target resources towards individuals who are super-utilizers. These users are Medicaid recipients who repeatedly receive care at the most costly and acute end of the behavioral health care continuum.

DHSS has established a range of effective needs-based services and supports through the 1115 waiver. The new options created under SB 124 supplement Alaska's current psychiatric crisis care system with less restrictive involuntary commitment care. SB 124 is a win for patients because it provides a less restrictive system of care. It is a win for hospitals and ERs that specifically asked for resources to free up beds. It is a win for law enforcement because it provides broader options for handling individuals experiencing a mental health crisis.

2:43:33 PM

MS. CARPENTER clarified that minors have the same rights as adults in civil commitment statutes, and they have more rights for court-appointed guardian ad litem and parental rights. Any parent of a minor in an involuntary commitment hold receives all

notices that a minor child receives. A minor and parent each gets an appointed attorney, which ensures a parent has representation if there is disagreement with the minor's attorney.

Emergency involuntary commitment holds can be started by police officers, physician assistants, physicians, and psychologists, ensuring that access to care happens quickly when an individual needs it the most.

The definition of peace officer was expanded to enable peace officers to hold an in-crisis individual for the purpose of transport to a treatment center. This change does not mean that a peace officer may recommend or administer crisis medications, other care or determine if an individual meets the requirements of a future hold. The qualified mental health professional on staff at the center will determine if the individual requires crisis medication, other care or meets the requirement for a future hold. Allowing a peace officer hold was requested by Anchorage providers and the community to assist in their effort to erect mobile crisis teams.

MS. CARPENTER asserted it is inaccurate to say that SB 124 allows police officers to medicate individuals involuntarily or provide crisis medication. The language in SB 124 only allows crisis medication to be prescribed by a physician, an advanced nurse practitioner, or a physician assistant. At no time can a police officer administer medicines to a person in their care or custody.

[2:46:12 PM](#)

SENATOR HUGHES opined that involuntary commitment holds should have defined parameters so individuals are protected. She suggested SB 124 be referred to the Judiciary Committee since matters such as constitutional rights, court-appointed attorneys, and evidentiary hearings are better suited to that committee's scope.

[2:47:39 PM](#)

SENATOR REINBOLD agreed that SB 124 should be referred to the Judiciary Committee. She offered her belief that the standard of probable cause in Section 2 should be raised to clear and convincing or beyond a reasonable doubt. On page 2, line 7, mental illness should be defined and not left to opinion. Also, on the top of page 2, she does not think licensed psychiatrists and physicians should be removed from the language.

SENATOR HUGHES clarified that licensed psychiatrists and physicians are not being deleted from SB 38. They are being encapsulated into a definition.

2:51:00 PM

ALBERT WALL, Deputy Commissioner, Office of the Commissioner, Department of Health and Social Services, Juneau, Alaska, clarified that the people being added to the definition of peace officer are not people who are allowed to involuntarily commitment and individual. They are the people who can take an individual to a crisis center. Due process does have a legal definition, as does mental health. He deferred to Mr. Bookman for the explanations.

2:52:38 PM

STEVEN BOOKMAN, Senior Assistant Attorney General, Human Services Section, Civil Division, Department of Law, Anchorage, Alaska, stated that mental illness is already statutorily defined, and SB 124 would not change that definition. The definition in AS 47.30.915(14) reads:

"mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, or both, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness.

MR. BOOKMAN stated that procedural due process is a flexible idea that depends on the circumstance. It is essentially notice and the opportunity to be heard. In the current 30-day commitment laws, due process involves an evaluation period, a petition, and a hearing in front of a judge. Before the hearing, the respondent will have had the right to read the plea ahead of time and have the attorney go over their medical charts. At the hearing, certain things are proved, and the respondent has the right to cross-examine, present witnesses, and testify if they want to.

2:55:00 PM

SENATOR COSTELLO asked if parental rights are relinquished through the involuntary commitment of a minor. She also asked

how a disagreement between a parent and child's attorney is resolved.

[2:55:59 PM](#)

NANCY MEADE, General Counsel, Administrative Staff, Office of the Administrative Director, Alaska Court System, Juneau, Alaska, deferred to Mr. Bookman.

MR. BOOKMAN replied that parental rights would not be relinquished or suspended during this process. The child will have an attorney, and each parent will have their attorney. The judicial officer would resolve disputes. For example, the child's attorney could argue that the child should be released, one parent could say that the child should stay, and the other parent may say the child should be released. The judicial officer would then make the determination.

[2:57:20 PM](#)

SENATOR COSTELLO asked members if they would like the input from the Disability Law Center to be put into draft language for consideration. One clarifying suggestion had been whether a person held involuntarily has a court-appointed attorney.

MS. MEADE replied that a person held on an involuntary commitment is appointed an attorney, and the court does the appointing.

[2:58:28 PM](#)

SENATOR COSTELLO asked what happens when someone is released from a stabilization center but is immediately readmitted.

MR. WALL stated there is a provision for preauthorization for readmittance in SB 124. He said he will find and submit it in writing to the members.

[2:59:41 PM](#)

SENATOR BEGICH asked what happens to the settlement with the Alaska Disability Law Center, if SB 124 does not pass.

[3:00:17 PM](#)

MR. WALL replied to the previous question that readmission for a patient is subject to a court order and is part of the admission process.

CHAIR WILSON repeated the question that if SB 124 does not pass, will the state violate the settlement between the Alaska Disability Law Center and DHSS.



MR. WALL answered no; as Mark Regan testified, SB 124 is not tied to that settlement. However, SB 124 would be part of easing the burden on the system and addressing the needs of patients in Alaska. SB 124 creates a base level of service and care that will support the model discussed in the Alaska Disability Law Center settlement, but it is not tied to it.

[3:01:52 PM](#)

SENATOR REINBOLD stated that if SB 124 were only about establishing subacute care facilities, she would have no issue with it. She would like the Disability Law Center to draft suggested language for SB 124. She asked if SB 124 would provide representation for every person committed involuntarily.

MS. MEADE answered that SB 124 provides public counsel and the right to a hearing for respondents, including minors, who are involuntarily admitted to a crisis stabilization center. An individual is not provided an attorney during the 23-hour hold period.

[3:04:32 PM](#)

SENATOR REINBOLD asked for comment on the advanced health care directive portion of SB 124.

MS. MEADE replied that Section 9 addresses the advanced healthcare directive portion of SB 124. The first several lines of the statute remain unchanged. Section 9 states that medication can be administered only with court approval. A long-standing statute regarding the involuntary administration of psychotropic medication is referenced on page 6, line 22. Healthcare providers must petition the court. There will be a hearing and an attorney appointed. A court appointed visitor will arrange for evaluations to be performed on the respondent and make recommendations to the court on the individual's capacity to give informed consent. New language on page 21 says if the patient can provide informed consent, and gives it, then medication can be given.

[3:06:43 PM](#)

CHAIR WILSON stated Mr. Wall would provide written commentary on the advanced healthcare directive and answer whether the Alaska Psychiatric Institute goes through the certificate of need process.

SENATOR HUGHES stated that the sixth principle of mental healthcare listed in AS 47.30.655 is concerning. It states,

"that persons who are mentally ill but not dangerous to others be committed only if there is a reasonable expectation of improving their mental condition." She asked if consent would be required in this instance since it is not for protecting anyone. Her concern is that the sixth principle would allow for involuntary commitment for non-safety purposes.

[SB 38 was held in committee.]

3:08:43 PM

There being no further business to come before the committee, Chair Wilson adjourned the Department of Health and Social Services Standing Committee meeting at 3:08 p.m.